

21 <sup>st</sup> MDG HEALTH MAINTENANCE EVALUATION: PETERSON CLINIC					<b>Wt</b>
<b>Pediatric ACUTE VISIT with annual medical/ functional history</b>					<b>BP</b>
					<b>HR</b>
Patient	Appointment time	Time arrived	Provider	Age	<b>RR</b>
					<b>Pox</b>

Welcome to the Peterson AFB Clinic. We are transitioning to a new electronic medical records system that will allow us to provide your child better health care (notes will be legible, your child's medical record won't be "lost", etc.) Please bear with us while we proceed with this transition.

The electronic medical record system allows us to be very thorough, but it requires a bit more work on the part of the parents. If you have multiple children to care for or if you'd like to complete these forms before future visits they are available on our clinic's webpage. Eventually we will have electronic records only without any paper charts. This cutting-edge system is Dept of Defense-wide, so you may already have experience with this at other clinics. If you feel we could be gathering your medical information in a better way, please feel free to let us know.

Who is accompanying the patient to this visit? (mom, dad, guardian, etc.)

Why did you make the appointment for your child to seen? What did you want your provider to know about your child's symptoms?

When did these symptoms begin?

What has helped your child's symptoms that you've tried at home?

Has your child been seen for these symptoms before at this or another clinic or ER?

<i>Review of Systems</i>	<i>Yes (comments, if applicable)</i>	<i>No</i>
Is this your first visit to <b>THIS</b> specific clinic?		
<b>Fever ? Please circle how you checked it:</b> <b>Felt warm /Rectal/ Ear/ Mouth/Armpit</b>	<b>Highest Temperature:</b> 	
<b>Cough?</b>		
<b>Runny nose?</b>		
<b>Ear Pain?</b>		
<b>Breathing problems (wheezing, rapid breathing)?</b>		
<b>Stomach ache?</b>		
<b>Diarrhea?</b>		
<b>Hard stools?</b>		
<b>Abnormal change in weight?</b>		
<b>Pain when urinating?</b>		
<b>Rash?</b>		
<b>Body aches?</b>		

<b>Medical and Social History</b>	<b>Yes (comments, if applicable)</b>	<b>No</b>
Allergies to medicines, latex, foods or anything else? What happened exactly with this allergic reaction?		
What medications has your child been receiving (including prescriptions, vitamins, herbs)		
Past medical diagnosis (conditions doctors have followed your child for in the past)		
Past hospitalizations or surgeries?		
Is your child overdue for vaccines or are their shots NOT current?		
Is your child in daycare?		
Does anyone smoke in or around your child's home,		
Is this visit related to a deployment of an active duty family member?		
Recent travel?		
Recent camping or drinking stream water?		
Family members or playgroup members with infections?		
<b>Family Medical History</b>	<b>Yes (comments, if applicable)</b>	<b>No</b>
Is there a family history of any of the following diseases? (Please list which family members affected) <input type="checkbox"/> Asthma <input type="checkbox"/> High cholesterol <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart disease/Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Other		
<b>Functional Assessment (needs to be completed annually)</b>	<b>Yes (comments, if applicable)</b>	<b>No</b>
Does your child receive any routine therapies (speech therapy, occupational therapy, physical therapy)		
Does your child have any speech, language or communication problems?		
Has your child gained or lost 10 pounds over 3 months without changes in diet?		
Does your child have difficulty with swallowing or frequent choking?		
Does your child have any hearing loss or communication problems?		
Does your child have any loss of vision, double vision, lazy eye or other visual/ eye problems?		
Is your child in a verbally, physically or sexually abusive situation?		
Is your child in danger at home or school?		
If applicable for your child's age, does your child have religious/ cultural practices that we should be aware of?		
If applicable for your child's age, does your child have barriers that prevent them from learning?		